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## Original Articles.

### GENERAL PARALYSIS OF THE INSANE.

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#### PART I.

[SYNONYMS: paralysie générale incomplète, *Delays*; paralysie progressive, *Regnier*; folie paralytique, *Falret*; dementia paralytica; meningitis chronica, *Bayle*; peri-encephalo-meningitis chronica diffusa, *Calmell*; meningo cerebritis, *Belhomme*; cerebri cortex corticalis generalis, *Parchepe*; softening of the brain, general paresis, *Saloman*.]

This is a diffused disease of the brain, often including the spinal cord and membranes, in which mental symptoms of a tolerably uniform character proceed hand in hand with a gradually progressive paralysis of the muscular system, and in which "the death-blow is struck from the first." By the general practitioner, in this country at least, it is seldom recognized as a distinct form of cerebral disease. It rarely happens that a case of general paresis is brought to an asylum clearly diagnosed as such in the medical certificate of commitment. The family physician who, on the strength of certain mental symptoms, has certified the case as one of mania, melancholia, or dementia, and has held out to the family corresponding hopes of recovery, is probably not less surprised and shocked than they, when promptly informed, by the more experienced medical officers of the asylum, of its incurable nature. Again, there are many cases in which the family of the patient would have been spared, to a great degree, from serious distress and mortification, damage to reputation, derangement of family and social interests, impairment of property, etc., if the insidious nature and peculiar prodroma, as well as the inevitable result of

the disease had been properly understood by their medical adviser. We need no excuse, therefore, for calling the attention of our professional brethren particularly to this—which seems to be an increasing form of insanity, and one which appears in some respects, to hold a direct relation with the habits, influences and social life of the present age.

General paresis is almost entirely confined to males; its appearance is mostly between the ages of 30 and 50; its duration is variable, but averages about three years;\* it is more prevalent in some localities than in others;† and more married persons suffer than single. Its predisposing causes appear to be, (1) heredity, [*i. e.*, if we take into account, as we should, the frequency with which transformations of the neuroses occur in successive generations, as well as the influence of alcoholism in ancestry]; (2) excessive mental, or physical labor; (3) the combination of severe labor, mental or bodily, with excesses in *Baccho et venere*; (4) constitutional syphilis; (5) injuries to the head; and (6) the influence of acute febrile disease.

The most concise and graphic delineation of the disease, is that of *Schroeder Van Der Kolk*,

\* As a rule the rapidly progressing cases are rare, but, as *Hitzig* (*Ziemssen*, xii.), remarks: "One must himself have experienced how the public refuses to acknowledge even extreme imbecility as a mental disease, in order to understand the great difficulty of fixing the beginning of these diseases with even approximate certainty. \* \* \* Most patients seem to die between the fifteenth and thirtieth months after admission to an asylum." *J. B. Tuke*, (*Eclin. Med. Jo.* April, 1877,) puts the average duration at four years.

† For example, in England, Scotland, France and Holland; whereas, according to *Dr. Ashe*, of the Londonderry District Asylum, it is scarcely to be found in Ireland. In this country we should judge it (from asylum reports) to be far more common in the Canadas, and Eastern and Middle, than in the Western and Southern States.

who thus describes it, under the head of "idiopathic mania":

"In the commencement of the disease there is observed merely an excited condition,—an arousalment of the surface of the brain, in conjunction with which there seems to be united, an accelerated circulation in the organ. The pulse is, in general, more frequent, not seldom it is hard and full; the countenance, in a majority of cases, is flushed and the eyes sparkle; conjoined with these there is an unwonted tendency to motion, a certain hurriedness in every engagement, and in association with this disorder the patient has the full conviction of perfect health, and asserts that he is quite well, and more active and strong than ever before, and declares himself capable of the greatest exertions, without the slightest fatigue. Through the protracted excitement of the brain, and the consequent activity of the patient, sleep is frequently interrupted, or it disappears altogether; or, perhaps, he believes that sleep is no longer needed by him. This excitation, together with his rapid thought-flight, his incessant busy working, and his heated imagination, brings to him the conviction that he is now much more able to undertake anything than he ever was before; that he can do more than other men, and therefore that he is greater than they are. He feels himself more distinguished, more judicious, more rich, or more powerful. The judgment is now no longer able to control the impetuosity of the ever augmenting stream of his conceptions and ideas. His boundless plans and projects break down; yet his play is with millions and with empires. Now have we no longer to do with a common man; he is a Caesar, and commands the world.

"In the commencement of this disease, which often slowly and almost unobservably progresses, the change which has been taking place, is, even by the patient's own families and relations, not always noticed. There is, indeed, observed a great vivacity, and perhaps those around are gratified with the patient's assurance that he finds himself perfectly well, and the hitherto unheeded irritability and passionate outbursts under contradiction, too often, in the most painful way, suddenly disturb the peace of the family. In general, at the outset, the patient can control himself in the presence of strangers, so that they fail to observe anything amiss in him. In the further advance of the disease, his overturned projects, his senseless bargains and squanderings, his intolerable pride and his inordinate self-esteem, must open their eyes.

"But, such an excitation of the brain cannot be without its influence on the rest of the body. The spinal marrow exerts itself with coincident greater and greater activity, and its susceptibility is more and more augmented. This susceptibility is hence diffused over other organs,—sometimes the intestines. Hence, keen hunger and strong digestion, which, even to the extent of gluttony, frequently proceed; and conjoined with this condition not seldom is observed a strong inclination to free wine-drinking, or, still further, to indulgence in ardent spirits. Since the sexual function

stands in close relation with the spinal marrow, it necessarily follows that this propensity is in general evoked; and sexual extravagances, in such a condition, are not uncommon. If the disease advances yet further, and through the overwhelming cerebral excitement and meningitis does not pass into complete frenzy, then there succeeds to the acute stage one more durable, in which the excessive vital activity recedes into more moderate limits, as the superficial gray matter of the brain more and more degenerates, and is transformed. The scornful outbursts now manifest themselves only at intervals, or perhaps they cease altogether. The conceptions become more and more confused, and finally the unhappy victim falls into fatuity; and, at the same time, also appear paralytic symptoms, which tell us of serous effusions into the brain. Finally, repeated apoplectic seizures follow each other, and some formidable attack of this sort puts an end to the miserable existence of the patient, \* \* \* \* *pride*, in some of its various shadings, is never absent."

General paresis manifests itself by certain mental indications; and by certain anomalies and disturbances of the sensory and motor system—the mental symptoms generally appearing first in the order of time, followed soon after by the bodily symptoms; the two subsequently advancing together, though with unequal step, and in varied combination.

Generally the disease is insidiously slow of progress in its earlier stages. There is, to be sure, a slight feeling of *malaise*; some transient dizziness; more or less headache, worse in the mornings; a sense of fullness in the head; a dullness, or drowsiness augmenting, in some cases, to an uncontrollable desire for sleep; a languor and inaptitude for labor; confusion of thoughts, loss of memory, especially for recent matters; absent mindedness, and irritability which is quite foreign to the natural disposition. These are the natural prodroma of the disease, and may precede it for years. They are somewhat common to other forms of disease, and although they may give rise to a vague consciousness of illness, yet their true weight and grave portent not being appreciated by either the patient or his friends, they are soon lost sight of in the stage of exaltation and excitement which takes their place. That their existence has not been more generally recognized by the profession, is owing probably to the fact that such patients are not placed under asylum treatment in this stage, and the history given by the family or friends usually dates only from the beginning of the second stage.

There are cases, however, in which well-marked

melancholia, hypochondria, with weakness of memory, more or less confusion of thought and manner, and indisposition to exercise, seem to form the initial mental prodroma; and in others the mind seems to tremble between melancholia and excitement.

Following the usual succession of symptoms, there now supervenes a general hyperæsthesia of the whole nervous system. The patient displays a great restlessness, unusual irritability, a marked increase of physical and mental energy, an unwonted tendency to motion, "a certain hurriedness in every engagement," as Van Der Kolk has happily expressed it, and he persistently asserts that he feels strong and vigorous, and "never so well in his life." Thought and language seem freer than usual, yet he is also fitful, wavering and lacking in concentration and persistency. Even though insanity may not be suspected, his family and friends can now scarcely fail to see a change of character, and to be pained by frequent sudden and apparently uncalled for gusts of passion, impatience and intolerance of any opposition or advice. Before strangers, he may for some time, control himself—but, sooner or later, he gives rein to the spirit of exaltation with which he is inflated, and his insanity is betrayed.

About at this point (if not, indeed, sooner) the eye of an experienced physician will notice a slight trembling of the tongue and of the facial muscles, especially around the mouth. Coincident with these symptoms, of which the patient is unconscious, is a perceptible change in the speech—a thick, *sturring* pronunciation of words, as if the tongue could not be properly managed, especially on the labial and sibilant sounds,—like that of a man slightly intoxicated. *Bucknill* says, "It depends upon a loss of power over the co-ordinate action of the muscles of vocal articulation. In many instances the speech of the paralytic is fluent and clear, except in the pronunciation of certain words, or sequences of words, which require the neat and precise action of the muscles of speech. Words composed of vocal sounds connected by single consonants are articulated with correctness; but words composed of numerous consonants, with few vocalic sounds, are articulated in a shuffled manner, which is perfectly characteristic. The patient may even possess the power of articulating these words correctly, if he purposely attempts to do

so; but, if the examiner holds him in conversation for a few minutes, the ear will infallibly detect the slight but fatal symptom of incurable disease."

The character of the voice, also, becomes changed, generally deepening in tone. A difference in the size and reaction of the pupils is frequently observable at this stage, though too much reliance must not be placed on it as a diagnostic mark. Occasionally we will find an undue prominence of the eye-balls, without thyroid enlargement.

By this time the patient is in the full swing of delusive exaltation. The sexual desire already largely increased is indulged to a degree, in some cases, almost impossible to be believed. It now occupies his entire thought and forms the subject of his conversation, and he talks of having a thousand wives to gratify his sexual power, and of his ability to procreate a million children. With this comes "keen hunger and strong digestion"—in strong contrast to the indifference to food frequently seen in ordinary mania, in which, indeed, the patient, under the dominion of religious or suspicious delusions, sometimes utterly refuses it. But, in general paresis, the appetite is always craving, and the quality not so much regarded as the quantity; and there is frequently an increased desire for liquors and for tobacco. The mind, meanwhile, seems to develop a still higher degree of self-importance. He is immensely wealthy, and good naturedly free-handed, offers every one large sums of money (*always* in the thousands or millions), by check, or "in gold," as they may prefer. He will offer to buy, at enormous prices, anything which he may see, such as horses, houses and farms; or he tells marvelous tales of the greater number, or value of what he owns, than what he sees before him; owns steamboats, telegraphs and railroads; is constantly planning grand excursions to California and Europe, in which all his friends and even strangers, to whom he may be at the moment introduced, are to join, with extravagant salaries and correspondingly high rank; or, he offers them the highest position in the army, navy, or the state departments. He is himself President, Congress, a great general, an emperor—not unfrequently he assumes the prerogative of the deity.

It is well here to note the *nature* of these delusions of self-grandeur, as compared with

those of mania. In both diseases they are *expansive*, but those of paresis are far wilder and more incongruous than those of mania.\* The delusive ideas of mania, however grand, seem to be tinged by *suspicion*, arising from a perverted estimate of the acts and words of others; but there is no such suspicion mingling with the plans of the paretic. His intense egotism totally ignores all opposition, he fears no competition—he excludes no one from a share in his projects, indeed he takes the whole world into his confidence; his plans are too comprehensive to fail; his resources of money, ability, friends, position are more than equal to the magnitude of his undertakings. "He is the centre of all, and annihilates opposition with a word." Again, the delusions of paresis are *progressive*; they progress not only as to quantity, but as to quality. *Gray* observes: "In paresis the poor man is first rich by owning a few hundreds, then thousands, then millions, then lands without limit. The politician is successful and advances steadily till he exceeds the proudest climax of human ambition; then he is Christ and God, and as in one case which I know, proclaims himself the father and grandfather of God." This is not found in mania.\*

A maniacal patient may have grand ideas of his own importance and his ability to benefit the world—but there is with all a certain "method in his madness"—a method frequently so well devised as to impress the laity with an absolute sense of his mental soundness. But, the senselessness, the utterly absurd character of the paretic's delusions, where they have once assumed their typical form, are apparent to the veriest tyro.

Though the paretic's plans break down, and come to naught, he has ever fresh ones to propose; though the promises he made yesterday cannot be kept to-day, yet he is ready to reduplicate them for the morrow; remind him of his failure, or his inability to accomplish his projects, and he is not disturbed or offended;† and, in the same breath with declaring himself God,

or offering you a present of a ten thousand dollar pair of horses, he will importune you for a chew of tobacco.

The same weakness appears, also, in the manifestations of the *natural affections*, which seem to be neither deep or lasting. Generally the paralytic patient troubles himself but little about family or family matters. The presence of a once loved face may cause a temporary pleasure, even to the shedding of tears; yet may not restrain the patient, within a very few minutes, from an exhibition of irritability and temper which drives the visitor, be it wife or child, from his presence. Yet his attention is easily diverted and his good temper restored by a pleasant word, and I have had occasion to note the truth of *Hitzig's* kindly remark, "that the good, though fleeting, effect of a friendly word, or hand-grasp is perceived even in the late stages."

The petulance which is so common to general paralytics, and which sometimes breaks out in violent, though transient acts, proceeds from the combined failure of memory and intellect. He gives impossible orders, or makes requests, and, if they are not instantly complied with, flies into a storm of passion and abuse; or, finding himself "unable to argue in defence of his delusions, he can only oppose physical force to those who venture to differ with him."

The minor moral obliquities which are frequently presented in the conduct of paretic patients, such as *stealing, lying*, etc., must be regarded as the outgrowth of the prevailing egotism of the disease, rather than as morbid mentalities. They are apt to pick up small articles—often of a very unnecessary sort—belonging to others, but they carry them away openly; and they do it because they think that they are really taking that which belongs to them; or, because—like a child—they take whatever pleases their passing fancy. They subsequently deny the act, simply because it has undoubtedly passed from their memory, or else is regarded by them as a matter of no importance whatever.

Sooner or later in the course of the disease,

\* In the so-called "*ambitious mania*," which some French alienists have inclined to consider as a form of paresis, there are manifested the most extravagant delusions as to wealth and power, but these delusions have been developed suddenly, and not progressively. They also lack the accompanying physical indications of paresis.

† *Hitzig* (*Ziemssen* xii., 867), well remarks that, "thus it is possible easily to draw from the patient any desired delusion,

to excite the idea in him; words have evidently lost their meaning for him; he employs them in a conventional, routine way, somewhat as one takes off his hat—without giving a thought to the action. The general sense of prosperity, which is peculiar to these patients, causes them to use the most exaggerated terms; but what they say and do is immediately forgotten again, so that the most contradictory things do not appear so to them, and the adjective may deprive the following noun of all sense."



we have outbursts of anger, or maniacal rage, so blindly intense as to remind us of the epileptic, or post-epileptic frenzy—and, like that, without apparent cause, or evoked merely by some slight contradiction. After this the other symptoms seem all to be aggravated. The tongue, as before, is tremulous when protruded—but, now, when so protruded is apt to be jerked suddenly back, apparently against the will and effort of the patient to keep it out—gradually the power to move it seems to be almost entirely lost, and there is difficulty of swallowing. A dull sorrowful expression spreads over the features; the eyes seem more prominent than is normal; and, when the arm is extended, there is an evident trembling of the fingers, and sometimes of the entire hand. In writing, the letters assume an angular and “scratchy” form; and letters, parts of sentences, and especially connecting words are omitted. The spelling becomes faulty, and the writing of such a patient sometimes displays the “echo” sign—(i.e., a frequent repetition of the idea present in his mind,\*) seen in some other forms of cerebral disease. In the minor every-day-uses of the fingers, such as picking up small articles, buttoning his clothes, etc., there is a very observable difficulty of the co-ordinating power.

*Delusions* may, but are rarely wanting; or, at least absent, for a long time; *illusions* of general sensation are the most frequent, and *hallucinations* of sight and sound, if they do appear, are unimportant in character.

His gait, too, presents characteristic peculiarities. Either he drags one foot, shuffling over the ground, with somewhat of a sailor's waddle;† or else, he walks like a locomotor ataxia patient, lifting the foot high and bringing it down with force, and on the heel first.‡ With the exception of the sight,§ (amaurosis, or amblyopia) the senses

seem to be rarely affected. Convulsive seizures (generally of an epileptiform, though sometimes of an apoplectic form) occur, of varying degrees of intensity—as, also, transient attacks of paralysis of certain muscles or groups of muscles.

A noticeable feature of general paralysis is the periods of great improvement which often mark the course of the disease. The mental and physical symptoms may all abate, and even disappear, so as to induce his friends to hope for his ultimate recovery. Such cases are frequently sent home, that they may enjoy the society and comforts of their family; and may remain home for months even, but sooner or later the disease re-asserts its dominion over them. In such remissions there is, however, always a considerable degree of mental weakness.

Under the unyielding grasp of the disease the patient gradually passes into a quieter frame of mind and body, (the monotony being only transiently broken by an occasional outbreak of mania, or an epileptoid attack), well pleased with himself and his surroundings, for his mind is full of pleasing delusions of creature comforts, and friends, wives, children and riches, all in number and quality which outvie the most gorgeous dreams of Oriental luxury. Simultaneously the physical power declines; unable finally to walk, stand or sit, he becomes bedridden. Sensibility is diminished, especially in the lining membrane of the cheeks and fauces. Thus, in eating, the patient keeps on filling his mouth, without knowing that it is already full, so that when he attempts to swallow he may choke, or the food passing into the larynx may cut off respiration unless assistance is at hand. Thus, the cloud of fatuity steals insensibly over him; repeated epileptiform seizures supervening at varying intervals, each weakening the mind more and more, until the scene closes in convulsion, or hæmorrhagic apoplexy; though death most commonly ensues from the gradual accumulation of serum within the arachnoid, producing coma; sheer exhaustion and tubercular disease.

## THE BEARINGS OF PATHOLOGICAL HISTOLOGY ON OPERATIVE SURGERY.

BY A. VARONA, M.D.

ON the fifth day of the last meeting of the *World's Convention*, if my memory does not betray me, Syphilis was on the tapis. After the appointed speakers had exhausted their manu-

\* See fac-simile of such a letter in *Hammond's Dis. of Nervous System*, p. 359.

† In this (paralytic) form the mental disease is generally far advanced before the motor affection is observed. Its pathology is believed to be chronic myelitis.

‡ “Patients with this gait are unable to stand with their eyes shut, and feet close together. In this (tabic) form the motor disturbance very frequently precedes the mental disease for a long time—and is attributed to gray degeneration of the posterior columns of the cord.”—*Westphal*.

§ In report of *Bethlem Hospital*, England, for 1874, the physicians noticed that vision did not seem to be afflicted “till late in the disease as a rule, but it becomes difficult to say how much patients see when they become demented.”

scripts a few minutes of general discussion were allowed, when, noticing that none had touched upon the histology of the disease, and thinking it would perhaps be of some interest to those who might not have had the necessary time to give to the matter, to hear of the recent progress made by English and German pathologists in this important subject, I begged to be allowed the privilege of the floor. This being granted, I alluded to the omission, described in as few words as possible the interesting researches and experiments of Marston, Lee, Beale, Virchow, Bilroth, Rindfleisch, etc., on the behavior of the syphilitic virus when placed in contact with the different tissues of the human body, the changes wrought in these, and the modifying influence the knowledge of these facts might exert upon former ideas of pathology and of treatment. My time expiring, one of the previous speakers arose, dismissed these as *new fangled notions* unworthy of attention; said that what we needed was "not to find out whether syphilis is a *germ* or a *byoplast*, but to discover a remedy that shall sweep out this scourge of humanity, *whatever* it may be!" Whereupon the *World's Convention* applauded, and the discussion was closed.

I have no desire to re-open it here by any means, but as an illustration of the importance these new fangled notions have upon the most practical of our dealings, I would allude to the value of accurate histological data in the diagnosis, prognosis and treatment of some of the most tangible pathological conditions; tumors and the like.

Long before the microscope had poured its light into the hidden recesses of living matter, and revealed to our astonished eye the unceasing activity of the minute laborers in nature's workshops, tumors were literally dealt with *en masse*,—considered, described, classified, treated in accordance with their macroscopical features, shape, location, size, general appearance, etc.

We cannot deny the fact, that there existed a practical and to some extent valuable knowledge of the two great *orders* of malignant and non-malignant growths. That within these *orders* several *genera* were well defined, and within each *genus* numerous *species*. Nor shall we attempt to conceal that the vexed controversy common to the whole realm of conservative biology, as to which are *good species* and which *spurious*, is now more rife than ever. The fact is, that in

pre-histological times the boundary between malignancy and non-malignancy was of rather an arbitrary nature. How to technically differentiate a soft epithelial new formation (an encephaloid cancer for instance) from a lipoma undergoing mucoid degeneration; or a hard one (a carcinoma) of the testicle or parotid, from an enchondroma of the same glands, were almost impossibilities; hence the wonderful reports of cancers cured with pastes and plasters.

The differential anatomical characters of members of the same genus were less thought of than their shape or some other equally trivial feature. A tuberosity on the surface of an organ was a *wart* if it were irregularly raised and elongated. This same tuber, with an expanded top and a contracted base, was a *fungus*; and if the top becoming heavy from over-growth dragged upon the base and drew it out to a thin pedicle, it was a *polypus*. All this, irrespective of the fact that the three shapes might be identical in nature, or that two or more of the same shape might absolutely differ. Such was the uncouth state of the subject before the advent of histology. To pretend that this science has settled all the doubtful points with reference to tumors, or even that it has even partially dispelled the darkness that surrounds many of them, would be gross exaggeration.

It has contributed little or nothing towards the etiology of the subject. It has not yet satisfactorily explained many points referring to the laws that govern their increase, propagation, retrogression and recurrence. But it has thrown much light upon their true nature, their modes of development, their manner of contaminating surrounding and distant parts, and by thus establishing accurate lines of diagnosis and reliable basis for prognosis, it has rendered invaluable service to operative surgery.

First as to the nature of tumors, histology has established the unqualified generalizations that they are always the offspring of pre-existing tissue elements, stimulated to increased nutritive activity. That each and every tissue being capable of such stimulus, each and every tissue has its peculiar tumor, and that consequently each and every tumor is the exact counterpart of some tissue.

As to their mode of development, we have that it differs in no way from the development and growth of the healthy tissues to which they are allied in their early stage. There is

first an increase in the protoplasm of the cells and a division of their nuclei. Then follows a multiplication of the cells, giving rise to a granulation or embryonic tissue; subsequently this embryonic tissue develops, in the same manner as do the tissues of the ovum, into the tissues of which the tumor is to be composed. During this second stage of development of the cells from embryonic or granulation tissue into the tissue of the permanent growth, they may form a tissue precisely similar to that in which they are located; that is, if located in connective tissue they may produce connective tissue, as is seen in the formation of a fatty tumor; when located in epithelial tissue they may produce epithelium, as in glandular tumors. Or, in other cases they may give rise to tissues differing from the tissues in which they are situate, as when in epithelial tissue there springs a cartilaginous tumor, or in connective tissue a cancer. In the first instances they are *homologous*, being like their matrix; in the second they are *heterologous*, being *unlike* their matrix. In all cases, however, the new growth resembles some physiological tissue, either in its embryonic or fully developed condition. It is well to add, that heterologous growths are generally held to be offsprings of emigrant tissue elements who have established a habitat in foreign tissues.

With reference to the manner in which tumors invade surrounding and distant parts, histology offers trustworthy and satisfactory information.

In homologous growths there is no invasion of adjacent structures, but merely displacement of these by the continued proliferation of the cells of which the tumor is composed. In these cases the compressed surrounding layer of the adjacent tissue is transformed into a firm fibrous capsule that completely isolates the growth. Such is the case in lipomata, fibromata, enchondromata, etc. Heterologous growths act in a very different manner. The migratory nature of their primitive elements is retained throughout, the peripheral layer of cells continues to extend into the surrounding tissues, forming new centres of growth, whence the extension still continues. Thus, all the neighboring tissues are involved, blood vessels and lymphatics are penetrated and the elements of the morbid growth carried to distant organs, which in turn become secondary centres of proliferation. In the carcinomata for instance, where lymphatics abound, surrounded

on all sides by the cellular elements of the growth, these soon find their way into the lumen of those vessels, and secondary infection of the lymphatic glands is the immediate result. In the sarcomata, where blood vessels are imprisoned in the same manner, the cells penetrate the small veins, and secondary infection follows in the liver, lungs, or in that organ first in order in which the capillary net-work becomes narrow enough to arrest the cellular elements floating in the blood.

The retrogressive changes in tumors are also well ascertained histological points.

The development of a tumor, implying an increase in the nutritive activity and consequently in the germinating capacity of a tissue, (for wherever there is increased nutrition there is increased proliferation,) it follows that the offspring of these excited tissues loose in grade of vitality what they gain in numbers, and that the more numerous the progeny of any tissue element the less healthy and robust it must be. There comes, therefore, a time in the development of all tumors when the process of cell proliferation must cease or the successive broods of cells (emanating from already lowered elements) be so lowly as to be incapable of living, and retrogressive changes ensue. The time at which these changes commence, varies. The permanence and durability of a tumor stand in inverse relation to the rapidity of its growth, and therefore to the inferiority of its organization. The more rapid the growth, and consequently the more lowly organized the tissue formed, the less its durability at a healthy standard and the sooner the retrogressive changes occur. Cancers and sarcomas, which develop rapidly and consist chiefly of cells, quickly degenerate, their elements soon perish. Cartilaginous and osseous tumors, which develop more slowly and consist of more highly organized tissue, have much greater stability, and are little liable to retrogressive changes. The nature of these changes in tumors are similar to those occurring in the tissues to which they are allied. Impairment of vitality is followed by fatty degeneration and its various sequels, softening, caseation, and calcification; by mucoid, colloid or pigmentary degenerations, or by the process of inflammation.

Did space permit, much more could be said to show the scope of the science we are endeavoring to delineate, and its special bearing on surgical diagnosis and operative interference.

When homology and innocence are known to be equivalent; heterology recognized as the first an evidence of malignancy, early retrogression as additional and invasion, and migration as conclusive evidences of it, no one can live in ignorance of these facts and the numerous and most important others that histology offers to the investigator, and hold a place among the students of the day.

In the next number of THE TIMES I will endeavor to offer a few cases illustrating the application of the above mentioned laws to practice.

### ACCIDENTAL PROVING OF CORROSIVE MERCURY.

BY EGBERT GUERNSEY, M.D.

MRS. L., suffering from slight congestion of the womb, was ordered by her physician a prescription, of which the following is a copy:

*Rx Hydrarg. chloride, gr. vi.*  
*Pulv. opii, gr. i.*—Mix in one paper.

This she was ordered to take at once. She dissolved the powder in water and swallowed it, but the peculiar burning feeling it gave convinced her she was poisoned. She immediately put her finger down the throat to produce vomiting. In this she was successful. The vomiting was kept up with two or three glasses of mustard water until the stomach seemed thoroughly washed out. Her prompt action undoubtedly saved her life. A physician was called, who sent to the drug store for a copy of the prescription. On looking at it he said, "this calls for calomel and opium, and certainly could not produce these symptoms." He then visited the drug store, and found the clerk had put up six grains of *corrosive sublimate* and one of *opium*.

This was the prescription the patient had swallowed, and from the poisonous action of which her own prompt and energetic action had saved her. As it was, there was rapid prostration of strength, intense burning not only in the mouth, throat and stomach, but along the whole track of the intestinal canal. Burning thirst, with retching and vomiting—especially on taking any thing into the stomach, the most frightful and agonizing pains in the bowels, coming and going like spasms; intense bearing down, great tenesmus, and passages of blood and mucus were among the symptoms which speedily followed. I saw her three days after the accident, and most of the above symptoms were present at that

time. There had been no sleep, the face presented an anxious and haggard look, the burning thirst continued with the rejection of almost everything taken into the stomach, the spasms of pain in the bowels were severe and extended down the sciatic nerve, producing cramps in the lower limbs, the folds of the mucus membrane of the rectum protruded in great rolls, ulcerated and bleeding; the discharge of mucus and blood was every ten or fifteen minutes. Her recovery was slow, but she is now three weeks after the accident, suffering only from the prostration natural to so violent an attack.

The case is interesting, partly from showing the rapid action of the poison, notwithstanding the immediate measures taken to eject it from the stomach; and partly as giving a graphic picture of what is known as the "*corrosive mercury*" form of dysentery and enteritis." The doctor insists that *hydrarg. chloride* means *calomel*, while the druggist is equally positive that it means *corrosive mercury*. The safety of the patient, when scientific men differ so widely, is rather problematical.

### NOTES ON NASAL CATARRH.

BY E. A. FARRINGTON, M.D.

NASAL catarrh, discharge yellowish green, bland. Five cases cured with *pulsatilla*. If the nasal discharge is non-irritating, this remedy seldom fails, whether the case is recent or chronic. In one case of ten years standing, *pulsatilla* 30, 200, 29<sup>m</sup> successively, cured in three months. It should be repeated every four or six hours until the secretions lose their purulent character and become white or colorless mucus.

Dropping of mucus through the posterior nares, causing constant hawking. Two cases cured with *corallium rubrum*.

The inspired air feels cold. Two cases relieved promptly by *corallium rubrum*. The symptom in the provings is: During deep inspiration, it seems as though icy-cold air was streaming through the air passages, etc. *Allen*, vol. iii., p. 563.

By "reading between the lines," this was transferred to the nasal mucous membrane.

In a case of "snuffles," *nux.*, *ipéc.*, and *sambucus* failed. The nostrils were exceedingly dry. This symptom suggested *stieta pulmon.*, which quickly relieved.

When the nasal discharge is a clear albuminous mucus, *natrum mur.*, almost always aids.

In deeper seated forms where ulcers exist, among such well-known remedies as *kali-bich.*, *thuja*, *sepi.*, *tycopod.* and *nitric acid*, kaolin must be inserted. It becomes of great use when the nostrils feel sore to the patient, scabs form in the nose and the secretion is scanty and blood-streaked.



*Cliniq.*

## TWO OPERATIONS FOR FIBRO-CYSTIC TUMORS OF THE MAMMA ON THE SAME PERSON.

[One performed by a simple method, the other by Lister's antiseptic method, and the results compared.]

BY JOHN H. THOMPSON, M.D.

(Read before the N.Y. Co. Med. Soc., May 9, 1877.)

SEPTEMBER 7th, 1876, I was called by Dr. Mandeville, of Newark, N.J., to remove a fibro-cystic tumor from the left breast of a lady of slender stature, aged 52 years.

*Ether* was administered by Dr. Wellman, and Drs. Mandeville and Cowl assisted in the operation. No antiseptic treatment was used except to spray the parts with *carbolic acid* solution, 1 to 100, after the operation was completed, just previous to the introduction of the sutures, after which dry lint was laid upon the parts. The wound did not require dressing more than three times. Union, by first intention, was complete in four days, except at the point from which the ligatures emerged, and on the fourth day all the sutures (which were of silk) were removed. The first ligature was withdrawn the next day, the last a day or two following, and the wound was entirely healed in ten or twelve days. She made a rapid recovery, going out on the eighth or ninth day, felt quite well on the fifteenth day, and has not had any trouble in that breast since.

At the time of this operation a small tumor might be felt in the right breast, but as it was quite small and did not produce any inconvenience, it was thought best not to resort to any surgical interference. It however continued to grow, and on January 18th, 1877, I proceeded to remove the right breast, assisted on this occasion by Drs. Mandeville, Webb, Ely and Blackman. Thinking this an unusual opportunity, I determined to try the comparative results of Lister's antiseptic method with a simple operation, like the method employed on the left breast, both being in the same individual.

Through the kindness of Mr. Childs, of Stohli, Man, Pfarre & Co., on 28th street. I used one of Dr. Hank's steam atomizers. At the time of performing the operation Mr. Lister's directions were minutely followed. The instruments, sponges, and hands of those who were to assist, were thoroughly bathed in a solution of *carbolic*

*acid*, 1 to 40; and the parts to be operated on, in a solution 1 to 20; the reservoir of the atomizer was filled with a solution 1 to 40, and after impregnating the atmosphere of the room, the spray was kept continuously upon the breast until the operation was completed, the ligatures tied, the sutures introduced, and the dressings applied, all of which was done according to Mr. Lister's directions, eight layers of carbolized gauze covered with a piece of mackintosh; the whole was then bound on with a wide bandage of carbolized gauze, passing several times around the body. The ligatures used were of catgut, made by Macfarlan & Co., of Edinburgh, and the sutures were of the same material.

On the second, fifth and seventh days after this operation, the patient had secondary hemorrhages; each was controlled by pressure, though it was necessary to remove the dressings after the second hemorrhage, which was quite profuse. The wound seemed to heal well at first, but afterwards gaped, and finally healed by granulation in about three weeks, under the continued use of the *carbolic acid* dressings.

She was not able to go out until the expiration of four weeks, (whereas she went out in one-third of that time after the first operation). She did not entirely recover so as to feel well until three months, (felt well in fifteen days after first operation).

The debilitating effect of the hemorrhages no doubt caused delay in recovery to a certain extent, though she did not lose more than eight to twelve ounces of blood. They were doubtless caused by the loosening of the carbolized catgut ligatures, for it has lately been proved by experiments by Eben Watson, M.D., Professor of Physiology in Anderson University, Glasgow, that the knot in a catgut ligature would loosen in thirteen hours. He found "that three catgut ligatures, of different sizes, on which a double knot was tied on each, and then pulled through a sinus in a man's leg as a seton, so that the knots were embraced by the tissues, and bathed in the sero-purulent discharge of the sinus, antiseptic dressings being employed, and the pus not putrid, that in thirteen hours the smallest sized ligature had entirely liquefied and disappeared. That of medium size had become soft and diminished in thickness, so that the knot slipped in being slightly pulled, and the ligature actually broke when slight traction was made upon it.

The largest ligature was also much thinned, and the knot slipped but it did not break."

The question now arises whether less than thirteen hours is long enough to hold an artery with a ligature. In some cases, no doubt, it would be; evidently in my case it was not, as hemorrhages occurred, which were no doubt caused by the absorption of the ligature.

Further experiments by Dr. Watson went to show that where suppuration was entirely prevented the catgut ligature will hold for twenty-four hours, and perhaps even longer; but as no surgeon can be certain of securing that condition, especially in deep wounds and in unhealthy patients, the propriety of employing catgut ligatures is rendered doubtful.

When I removed the dressings to inspect the wound on account of the hemorrhages, the catgut with which I had made the *sutures* had been entirely absorbed—that is, that portion which was beneath the skin—so that, the portion outside lifted off, as though it only lay upon the surface.

I may further state that the external iliac arteries have been successfully ligated, for inguinal aneurisms, by silk antiseptically prepared, so that silk would seem to be preferable to catgut where it is desirable to keep the artery closed for a longer time than from thirteen to twenty-four hours.

In December last I used plain silk ligatures in the removal of a scirrhus breast, cut the ends off short, and closed the wound, which soon healed by first intention, and gave no further trouble.

Therefore, it becomes evident that the antiseptic method of operating according to Mr. Lister's directions, will not *always* ensure greater success than the more simple method.

### FIBRO-CYSTIC TUMOR OF CEREBELLUM.

BY JOHN F. TALMAGE, M.D., BROOKLYN.

MISS B., aged 42, died suddenly at Saratoga Springs, September 16th, 1875. Her last physician there had diagnosed her disease *hysteria*, her pains *neuralgic*. His prognosis was most favorable. He did not think her in any danger. He pronounced her entirely free from any organic lesion. She quickly passed into a comatose state, which, after a period of eighteen hours, he finally was persuaded by her relatives to consider crit-

ical, and said she was dying, and could survive at the longest but a few hours. She soon died, without recognizing her friends. A certificate of death from apoplexy was given. Her corpse was brought to Brooklyn, and her immediate relatives, feeling much dissatisfied with her last physician, confident that he did not rightly diagnose her disease, or properly treat her for what was her pathological condition, asked me to make a *post-mortem*.

Before giving the report of the *post-mortem*, a synopsis of symptoms, from which she had been a great sufferer for about fifteen years, may be of some interest to the student of pathology.

MISS B., a decided brunette, was a lady of high social position, of much culture, retiring in disposition, of great refinement, and exceptionally clever. Her temperament was *nervo-sanguine*; appetite and digestion generally good; habit of bowels, normal. For nearly fifteen years she was a martyr to dysmenorrhœa, great debility, neuralgia, nervous prostration and depression of spirits. One of her most prominent ailments was a sense of great pressure, with intense ache at base of brain, accompanied with retraction of head, partially relieved by resting it on her spine. A sensation in eyes, of their being "pulled back," as she expressed it; relieved somewhat by same position of head.

At times she had dull aching in the nose, again of the ears, of the arms, of the liver, of the spleen, of the thighs, etc., etc., and occasionally an intense aching "agony" in the bowels.

Exercise quickly prostrated her. The same experience resulted from social converse with lady friends calling on her, though a very accomplished woman and fine conversationalist.

When walking, nausea with water-brash would suddenly occur, and she would be compelled to stop at once and vomit and retch with prolonged and strong effort, and rest awhile on the first door-step, being at once intensely prostrated. After reaching home she would be compelled to retire to bed, and hours would elapse before she would recover from the prostration. She was very sensitive to all circumstantial events. Little things would worry her, distress her, render her almost maniacal. She had "frightful periods" of "crying," sometimes lasting a week, accompanied with great depression of spirits. There was no apparent cause for this; she could assign none. Her surroundings

were delightful, her father wealthy, her parents and sister most devoted to her happiness. Occasionally she had a slight hemorrhage from bowels. This always prostrated her. She had many physicians of all schools, the most cultured and distinguished of their profession. Their diagnoses and treatment were as varied as their number. One diagnosed neuralgia, another rheumatism, gout, dyspepsia, dumb ague, hysteria, incipient Bright's disease, humor, etc., etc. Remedies of all kinds and potencies were given only to partially relieve and never to cure.

When under my care, several years before her death, and up to the time she moved with her family to New York, I prescribed for some of the ailments above described, and for chronic inflammation of base of brain. I sent her to a New York physician. She had several there. A short time before her last visit to Saratoga Springs I was requested to visit her. Her last physician had treated her with *Hôpital Vichy water*, imputing all her sufferings to a gouty diathesis. I recognized her old ailment and diagnosed a malarial complication.

After a short treatment, partially palliative, she went to Saratoga Springs, and there, after a varied experience from allopathy and water-cure, she returned to us for a *post-mortem*, which I subjoin for the study of other physicians who may have patients chronically suffering from similar or other symptoms indicative of some occult disease.

#### CASE OF MISS S. B., ÆT. 42.

*Post-mortem* examination held on the 18th day of September, 1875, Drs. Talmage, Stiles, and the undersigned being present.

*Examination of the head.*—A coronal incision having been made, and the posterior half of the skull-cap uncovered, an extravasated spot appeared on a level with the cerebellum, of about three inches in diameter, permeating the scalp, pericranium and skull.

A posterior section of the calvarium being removed, the upper and posterior portion of the dura mater was found in normal condition. Removing the dura mater showed the *pia mater* also in a normal state on its superior surface.

On dissecting the inferior portion of the membranes about four ounces of clear transparent serum escaped.

On removing the cerebrum it was found adherent to the membranes on the left side.

The convex surface and anterior lobes were found normal. The ventricles were found full of colorless serum. The ganglia were normal.

The arteries at the base of the brain were empty and in their natural condition.

The cerebellum being next examined, the right lobe was laid open and in its centre two small scars, evidences of old extravasations were found. The medullary substance around these scars was firm.

On opening the left lobe, the medullary substance proved to be softened, and in the centre of the softening was found a tumor, fibrocystic in nature, and of about the size of a pigeon's egg.

It was deemed unnecessary to make any further examination of the body. The operation was therefore terminated, and the external incision carefully closed without the least disfigurement having ensued.

*Conclusions.*—From the anatomical lesions revealed above, it is to be inferred:

1. That a fibrocystic tumor situate in the left lobe of the cerebellum was the cause of death.

2. That the effusion in the ventricles was caused by obstruction to the circulation, and the softening was caused by the disintegrating influence of said tumor.

3. That the size and nature of the growth point to a duration in its development of several years; probably four or more.

4. That during all this period of development there must have been present more or less inflammation of the brain (especially at the base) and its membranes.

5. That the effusion in the *pia mater*, and the adhesion of the left hemisphere of the cerebrum to the membranes was due to such inflammation.

6. That the disease from its beginning was out of the reach of medical or surgical aid—sustaining the general health and alleviating prominent symptoms being the only possible treatment; it being inevitable that as soon as the tumor would cause sufficient effusion, and sufficient softening of the brain substance to paralyze its action, death should ensue.

A. VARONA, M. D.

#### ATHEROMA OF THE BLOOD VESSELS— CEREBRAL HEMORRHAGE—CON- VULSIONS—DEATH.\*

*HISTORY.*—George Kelly, aged 42, Ireland, porter, admitted to Ward's Island Hospital February 12th, 1877. Has been suffering for the past six weeks with intense pain in the frontal and temporal regions, accompanied by occasional

\*From a "Report upon Pathology," before the N. Y. Co. Society, by T. Dwight Bradford, M.D., one of the attending Surgeons, Hom. Hospital, W. I.

attacks of vertigo. Tongue is coated yellowish white, showing the imprints of the teeth. Twenty years ago had syphilis; the primary hard chancre followed by a full development of the secondary symptoms. In damp weather and occasionally at night, has suffered with severe pain in the bones. The headache is aggravated at such times. There is now a peculiar copper-colored eruption, resembling acne over the entire face, particularly upon the forehead. Pulse, 80. *Kali-hyd.* 3d trit., is administered every two hours.

Feb. 14. The pain in the head better; the amount of sleep increased; the appetite also improved.

Feb. 19, 6 A.M. Was suddenly seized with convulsions; face and hands blue; twitching of the fingers and muscles of the face; jerking of the head backwards; pulse small, 94. *Cuprum ac.*, 3d trit., every half hour.

Same day, 3 P.M. The convulsions continue, of two minutes duration, about every twenty minutes; pulse, 118; resp., 42, full and hard; pupils nearly equally dilated. Urine dribbles away in bed; succeeded in introducing a catheter, and obtaining half an ounce of urine, which was found to be nearly normal by chemical and microscopical test. *Bell.* 3 and *cup.* 3.

At eight o'clock the same evening, and five hours after the administration of *bellad.* 3; the convulsions gradually becoming less violent, entirely ceased.

Feb. 20, 5 o'clock A.M. The convulsions have commenced again; pulse, 120, resp., 42. Jerking of the head backwards. *Actea. rac.* 3d.

10 o'clock A.M. The convulsions are more frequent, having had thirty-four in five hours; had the same number yesterday in twelve hours. Resumed *bellad.* 3 and *cup.* 3.

3 o'clock P.M. There are intervals, when free from convulsions, during which consciousness seems to return.

Feb. 21, 8 o'clock A.M. Convulsions continue; pulse weaker. *Verat. °* and *Bellad. °*.

Feb. 21, 11 o'clock A.M. Died, having had 229 convulsions within 36 hours.

Autopsy.—Twenty-two hours after death.

Head.—The calvarium removed, the sinuses of the dura mater were bloodless. The pia mater was engorged with dark blood. At the apex of the right anterior lobe of the cerebrum, in the arachnoid membrane, and involving the upper, lower and anterior surfaces were found one and

a-half ounces of dirty brown blood. The gray substance of the brain was softened to an extent of an inch and a-half. At the base of the right middle lobe was found another quantity of blood (a half ounce,) accompanied also with a degeneration of tissue, involving a space equal to that of a silver dollar, extending upward in a conical shape. At the under-surface of the left anterior lobe, near the apex, was another small quantity of dark brown blood. The white substance of the brain presented nothing particularly abnormal. The ventricles contained very little fluid; the different bodies forming the floor of the lateral ventricles were, apparently, free from any lesion. The arteries near the surface of the brain were unusually stiff and standing out; some of them remaining open after they were divided. The vessels at the base of the brain particularly were diseased, and more especially the branches in the fissure of Silvius. The cerebellum was so intensely injected as to render the arborescent appearance of its inner structure particularly attractive.

Thorax.—Pleurae of both lungs adherent in places; no tubercular deposit; both lungs congested. Walls of the left ventricle softened; valves normal. The aorta just above the semilunar valves was atheromatous, the inner coat of the transverse and ascending portions of the aorta was converted into a layer of cretaceous matter, which in the course of the autopsy accidentally became broken up, and presented very much the appearance of the thin layer of a delicately frosted cake. This portion of the aorta had become dilated into a large circular aneurism, two and one-half inches in diameter, and contained a large clot; other organs nearly normal.

The cerebral hemorrhage in this case was undoubtedly the result of atheroma of the cerebral arteries.

The colored cerebral softening was subsequently produced as a result of the hemorrhage, owing to the transformation which took place in the coagulum itself.

Such clots assume, in color, either bright yellow, brick, orange red, or dirty brown, as in the present instance.

The histological fact is, that the blood corpuscles at first accumulate in groups and become surrounded by a membrane, then slowly disintegrate. The red color is changed into brown, which becomes darker and darker.

The primary cause of death to this patient was syphilis, which we know is such a fertile source of atheroma.

Age produces an undeniable influence upon the production of atheromatous disease; so much so that while it is scarcely met with before puberty, we often find it in the arteries of persons advanced in years.

Gouty and rheumatic persons, whose tissues are filled with fat, are prone to this disease; so also are alcohol drinkers.



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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

**DRUGS, OR VIS MEDICATRIX NATURÆ.**

THE world is divided into three great classes, —*first*, those who believe on insufficient evidence; *second*, those who are thoroughly skeptical and require for every point a mathematical demonstration; and *third*, a more conservative class, who look rather at results than at theories, and believe much, the *modus operandi* of which they cannot explain. In the medical profession the first class are always ready with remarkable cases; positive and emphatic in their statements, detailing with great minuteness the wonderful effect produced by specific remedies; the reader to whom this kind of literature is new might readily imagine the millennial age had arrived, and that death was at last vanquished. This class was evidently intended by nature for poets, romancers, or anything but the exacting, careful, and scrutinizing labors of a scientific profession. They mislead by their enthusiasm and do positive harm by emphatic assertions which have frequently no greater foundation than their own imagination. It is not by such minds that the domains of real science are to be increased. Their oftentimes ridiculous and puerile assertions promulgated with a flourish of trumpets in so-called scientific journals, and books issued by great publishing houses, destitute, as they not unfrequently are, of a single particle of proof such as would satisfy a legal mind, bring discredit

upon the school who are supposed to receive these vaporings of the imagination as law and gospel. There is some reason for the shrug of the shoulder, the sneer, and the curt remark we so often hear, "If these are the Solons of medical science, then God help suffering humanity and the cause of progress." It is not through such minds as these that real science wins its triumphs. There is, however, a strong argument for the vitality of a school, and the enduring basis of truth which it contains, that it can outlive the injudicious imagination and puerile contributions and arguments of many who claim to be its friends and the exponents of its doctrines. It has lived and developed and grown into a giant's strength, not with their help, but in spite of them. It is because we know, and the world knows that notwithstanding the mists which at times gather about it, obscuring the vision and confusing the mind, that back of all this misty nothingness and rolling clouds is the mountain of truth; for our eyes have seen it, and our feet have trod firmly up its rugged steep.

Half of the ridicule which has been poured out upon our school, retarding its progress, and paralyzing to a certain extent its power for good, has been richly deserved. We say, richly deserved, because time and again cases have been presented by those who claim to be leading minds, and especially bright lights in the great school of progress, as wonderful cures, peculiarly illustrating the homœopathic law, which to any mind accustomed to weigh evidence, show not the slightest proof of medicinal action. The result has been obtained, not by drugs, but by the recuperative power of nature. Cases where drugs have obtained the credit of a cure, in which the whole work has been performed by nature, are not rare in all schools. A school of reform, however, of progress, claiming a higher grade of science, and a more specific application of drugs, should show a closer reasoning, and its conclusions should partake less of

the imaginative, and follow more as a logical sequence of well established facts.

The second great class to whom we have referred, accept nothing unless demonstrated with mathematical certainty; hence they are skeptics in almost everything. Careful and precise in pathological investigation, accurate in chemical combinations, in the treatment of diseases they doubt everything, and believe nothing, so far as drugs are concerned. Full of theories, you find them one day stimulating, and another depleting; to-day attempting to control an acute fever by plunging the patient repeatedly into a cold bath, and the next seeking to obtain the same results by massive doses of *veratrum-viride*, *aconite* or *quinine*. To-day the wonderful discovery is announced to the world, that the great scourge of childhood, *diphtheria*, is produced by bacteria, and must be treated only by those agents which will destroy them, and to-morrow the fallacy of the reasoning is clearly shown, and we are again plunged into darkness. There is no doubt some practical good may grow out of these experiments, but it is a question if more lives are not lost than saved by these would-be positivists. With the world so full of mysteries, it seems but little less than madness, the madness of the egotist, to close the eyes upon all which his puny brain cannot comprehend, or to doubt results because the means seem inadequate to the end.

The third, and thank God, the larger class in our profession, while they avoid, on the one hand, the credulity and imagination of the first class, are equally removed from the skepticism and egotism of the last. From the ranks of these practical thinkers, these earnest workers in the great field of progress, these close and careful observers of facts, flow out those living streams of real science which bring comfort to the weary and relief to the suffering. In our profession the aim and end of science is to prevent disease, and to relieve and cure. No true physician thoroughly imbued with the responsibility of his office, keenly alive to the vast

capacities of his profession, will hedge himself around with rock-bound theories, or the impassable walls of egotism or puerile professional dignity. "No pent-up Utica confines our power, but the whole boundless universe is ours." The great field of research spreads out into immensity before us. Our work is no child's play, and the materials with which we deal no children's toys. We should bring to our work, not only honesty and industry, but a careful and intelligent discrimination—free on the one side from bigotry and intolerance, and on the other, from a too ready acceptance of statements or theories backed by an insufficient array of facts.

That our school has done much for science and humanity, its past and present records show. How much more might be accomplished with more united, earnest effort? We have passed the period of our infancy and stand now with the strength and vigor of manhood. Our literature should show a corresponding strength. Those great scientific questions which are springing up around us on all sides should be discussed in our books and periodicals, with a breadth and strength of intellect and a wealth of information and research which would command respect. There is no use in calling upon Hercules to help if we do not help ourselves. The victory over error and ignorance and bigotry, is in our own hands if we use with wise discrimination the means in our power. Let it be remembered we shall meet with just that success we deserve. Simply that and nothing more.

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#### N. Y. STATE HOMŒOPATHIC ASYLUM FOR INSANE.

THIS institution, located in one of the most beautiful and healthful sections of the Empire State, is reported as in a prosperous and progressive condition. Although its advances have been of the conservative sort, they have, nevertheless, been steady and sure.

The changes which occur in almost every asylum for insane are, as a rule, neither striking,

profound, nor sudden. They partake largely of the humdrum of every day business. The arrival of a new patient, with all the pomp and ceremony of medical certificates, stamped with the grave approval of courtly judge, is, of course, considered an "event;" and the departure for home, of one who has been happily restored to reason is, indeed, a joyous episode. But aside from these "inevitable" occurrences there is a kind of mellow monotony pervading the entire atmosphere of every *well regulated* hospital for insane patients.

Recently, however, a mimic revolution has occurred in the asylum at Middletown; and the wheel of fortune has brought to the surface a "new management" of affairs in that institution. Selden H. Talcott, M.D., has been appointed medical superintendent; Drs. Alonzo P. Williamson and N. Emmons Paine are, respectively, first and second assistant physicians. These with Miss Georgia Horton, who acts as lady assistant, form a corps of medical workers, who will endeavor to meet the duties devolving upon them, and perform those duties with a thoroughness which will, at least, *deserve* success.

The average number of patients in the asylum for some months past has been about 110. Since the completion of the new and capacious wing, there have been accommodations for 240 persons; and it is most ardently desired that the homœopathic profession of this State so unite in tendering *material* support to the young institution, that these wards for the care and cure of mental invalids do not long remain vacant.

Facilities for the comfort, entertainment and pleasure of patients are being constantly added to those already at hand. Religious exercises are held in the chapel every Sunday afternoon by the various clergymen of the town. These serve in regular rotation, and each minister brings with him the choir of his church to furnish music suitable for the occasion. A service of song is also held every Sabbath evening, at which time the exercises are carried on by the

patients themselves. On Saturday evening there is a half hour's rehearsal preparatory for the Sunday evening service.

During the week a sociable is given, at which all convalescent patients, (and some, too, from the violent wards) are permitted to be present. At these weekly sociables dancing is a prominent, innocent, and cheering feature. In the future a concert will be given every Thursday evening, at which time the best secular music procurable will be furnished. In addition to the present resources of the asylum for in-door amusement, it is anticipated that a new piano and a billiard table will shortly be provided.

Out of doors there are several fine croquet grounds, which during the summer are in almost constant use. There are also pleasant walks, drives, and rambles in the woods and fields, which the convalescent patients are incited to utilize to the fullest extent.

Improvements in and about the asylum are being steadily inaugurated. Within, the walls are being cleaned and calcimined, and numerous minor repairs are being made by the carpenter and mason. The window-guards throughout the main block and the wing, are being thoroughly overhauled, and put in a safe condition. The grounds adjacent to the buildings have recently been improved by grading and by setting out some 200 ornamental trees. These have been handsomely grouped on the lawn, and, in time will add vastly to the attractiveness of the location.

With splendid buildings constructed upon modern and scientific principles, and furnished with almost every needed appliance; with scenery and surroundings which are at once beautiful, inspiring and health-promoting; with a corps of enthusiastic and faithful workers in her wards, there is every reason to believe that the N. Y. State Homœopathic Asylum for Insane has before it a career of cumulating usefulness and prosperity. What is now most imperatively demanded is the hearty support and cordial co-

operation of every friend of homœopathy, with an appropriate and deserved sustaining influence, this asylum, in its beneficent results, will reflect credit, not only upon its founders and its immediate workers, but upon every member of that profession whose public exponent it is. And with the patronage which is its due it will be enabled to accomplish a mighty work in the relief and restoration of mind-wrecked humanity.

T.

N. Y. S. HOM. ASYLUM FOR INSANE, }  
MIDDLETOWN, N. Y., May 22, 1877. }  
ALFRED K. HILLS, M.D.

*My dear Dr.:* Permit me through THE TIMES, to extend a cordial invitation to all the members of the American Institute of Homœopathy to "stop over" a train on their way to the annual meeting at Chautauqua, and visit this institution. A very warm reception is guaranteed to those who will favor us with a call. Yours very truly,  
SELDEN H. TALCOTT, *Med. Sup't.*

### Bibliographical.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY. By J. M. Carnochan, M.D. New York: Harper & Brothers.

This work will be published in a series of numbers, to be issued quarterly. Each number of quarto size will contain from thirty-two to forty-eight pages of letter-press, printed on the best paper, with illustrations of the cases drawn from nature, and will be complete in the topics it embraces. Parts I and II are now ready, and contain an introductory address on the study of science—an exceedingly interesting paper, not only for the matter contained, but for its scholarly and classical style; elephantiasis arabum of the lower extremity successfully treated by ligation of the femoral artery, with other cases; elephantiasis of the head, face and neck treated successfully by ligation of both common carotid; remarks on the ligation of the common trunk of the femoral artery, in relation to secondary hemorrhage following amputation of the thigh, and in hemorrhage from wounds of the plantar arteries, and of the posterior and tibial arteries, with cases.

Dr. Carnochan has performed more original operations of real merit and great brilliancy than any living surgeon.

This volume will be particularly acceptable to the profession, inasmuch as it contains a record of the author's best work, many of the operations having been entirely original. It is a contribution to surgery of which the American profession may well be proud.

THE ENCYCLOPEDIA OF PURE MATERIA MEDICA. Edited by T. F. Allen, M.D. Vol. V. Boericke & Tafel, New York.

This volume includes the proving of eighty-three drugs from *hydrocyanic acid* to *lycopersicum*. Among the provings we notice an exceedingly interesting and valuable one of *iberis*. Our repertory of remedies in the agonizing suffering arising from various troubles of the heart is so small that we extend a cordial welcome to this powerful and often very efficient drug. We doubt if the reader will obtain a very correct idea of the real value of *iodoform* by the provings given. *Kousso*, one of the most potent remedies we have for the expulsion of the tapeworm, is dismissed in a few words. For all practical knowledge of the drug the reader will be obliged to consult some other work, say the *U. S. Dispensatory*.

A very interesting and valuable proving is given of the new drug *jaborandi*.

We are glad to see an analysis and proving of the famous *Kissingen waters*. Positive injury often results from the free use of these waters without any definite idea of their action, except that in large doses they act as a purgative.

The volume contains more really useful matter than many of the preceding, but many of the so-called remedies will probably not be used once in a life time, except by way of experiment.

ATLAS OF SKIN DISEASES. By Louis A. Duhring, M.D. Philadelphia: J. B. Lippincott & Co. 1877.

The *Atlas* will consist of a series of original, nearly life-size, chromo-lithographic illustrations representing the most important diseases met with in the United States. The work will be issued quarterly in parts, each containing four plates, royal quarto, with text explanatory of the cases represented, of the general features of the disease, of its diagnosis, and of its treatment, and will be complete in not more than ten parts.

If the entire work is completed in the same style as the first and second numbers, it will be



one of the most valuable and elegant works ever issued from the medical press. The illustrations are as nearly perfect as art can make them. The student has a complete picture of the disease almost as distinctly before him as if seen in the living patient. The description in the text is clear and sufficiently minute. The work deserves a large sale.

**CLINICAL THERAPEUTICS.** By Temple S. Hoyne, A.M., M.D. Chicago: U. S. Medical Investigator.

This little brochure of 112 pp. is the best collection of clinical cases we have yet had. The arrangement in accordance with *pathological* names, makes the work more usable to those who find this plan most helpful in the selection of a remedy, while the indications in each are so concisely given that the strictest Hahnemannian cannot object to it upon the ground of its tending in the direction of *generalization*.

It is certainly a most useful collection which should be completed and in the hands of every practitioner of medicine.

## Reports of Societies.

### MEETING OF THE "SOUTHERN"-TIER HOMŒOPATHIC MED. ASSOCIATION.

(Reported by A. P. Hollett, M.D., Secretary.)

A MEETING of the above association was held at Elmira, N. Y., the President, Dr. W. S. Purdy, in the chair.

Dr. Groom read an interesting article on diphtheria, in which he considered the different theories or ideas advanced by several authorities who have written on this subject, and his own experience in the present epidemic. He presented particularly, in substance, the following questions for consideration, viz: Is there different grades or varieties of diphtheria; is the disease of a parasitic or fungoid character; is it a local or constitutional disease; is it contagious or infectious; what is the most efficacious treatment? Dr. Groom contended that there was different varieties of the disease, with the same comparative relations, that exists between variola and varioloid, and that it is a constitutional disease, whether of a parasite order or otherwise. That, from experience, he considered it as contagious as small-pox, and kindred diseases.

Dr. Hollett believed the disease constitutional, and that remedies should be selected by their constitutional, as well as local symptoms. He reported several interesting cases, and spoke particularly of the successful use of *phytolac. dec.* and *apis. mel.* 200, in the treatment of this disease during the present epidemic. The *sulpho-carbolate of soda* had been used in Schuyler County, but without any marked success.

Dr. Bryan could endorse all that had been said in regard to the use of *phytolac. dec.*, and also spoke of coming in contact with cases treated with the *sulpho-carbolate of soda*, with the same lack of success. He thought that too many physicians were inclined to call every case of sore throat diphtheria, during a prevalence of the epidemic, while when we had a genuine case of diphtheria we find it difficult to cure. He had observed that diphtheria membrane left a deep indentation which was characteristic of the disease.

Dr. Purdy referred to the claim made by some, that the presence of lime-stone increased the prevalence of small-pox, and asked if geological conditions did not effect the prevalence of diphtheria. He referred to its marked prevalence in the locality of marl-beds in the north-eastern part of Steuben County.

Dr. Hollett referred to the prevalence of the epidemic, particularly in places addicted to malarial fevers, referring to Watkins, Monterey, and its prevalence about a year ago at Mecklenburg, in Schuyler County, as examples. He was inclined to think that these localities were particularly adapted to the prevalence of this disease.

Dr. Groom referred to the prevalence of the disease some years ago, to a fearful extent, on one of the highest hills in Chemung County.

Dr. Grant said we should all know a case of diphtheria, and referred to the peculiar odor attending the disease, which was an unmistakable sign of its presence. He referred to a case in which the presence of this odor led to the conviction, in the minds of the family, that diphtheria was present. He also spoke of a *post-mortem*, in which Dr. Bryan assisted him, where they found the diphtheritic membrane about the mitral valves of the heart, showing conclusively that the blood contained the same material of which the membrane was formed. This membrane was examined with the microscope.

The question was asked, should a physician treating erysipelas attend a case of parturition?

The question was answered by several of the members giving their experience in this direction, all of which led to the conclusion that in these cases a physician should exercise a great deal of care.

On motion, Drs. Bryan, Groom and Parkhurst were appointed a committee to draft suitable resolutions of respect on the death of the late president of the association, Dr. H. H. Sayles, and they were unanimously adopted by the society.

On motion, the association adjourned to meet on the third Tuesday of July, at Corning, Steuben County.

#### ONONDAGA CO. HOM. MED. SOCIETY.

(Reported by H. V. Miller, M.D., Secretary.)

##### APRIL MEETING.

DR. DOANE read a paper advocating local applications in the treatment of uterine diseases, and ridiculing the idea of curing them by constitutional measures. He stated that the provings of no remedies had ever produced either anteversion, retroversion, prolapsus uteri or degeneration of the glands of Neboth; hence such diseases could not be cured by drugs taken internally.

Dr. Garrison read a paper on "Phosphorous and Zinc," and reported a case of epilepsy of four years' standing cured by *zincum* 30. Patient, a lady 54 years of age, had neuralgia in the right side of the head, relieved by the use of electricity, but followed by epileptic fits, impaired mind and memory, and drooping of the right upper eyelid. During the paroxysms there was sudden rigidity of the limbs; then convulsions, froth at the mouth, and entire unconsciousness. After taking the medicine no return of the paroxysms, now for a year and a-half, except a slight fit. She quoted Prof. Lilienthal's statement, that *phos.* cures the inebriate's longing for alcohol, by removing the irritation in the stomach which causes the morbid appetite. She mentioned as a symptom of *phos.* violent palpitation of the heart, especially after dinner.

Dr. Nottingham read a paper on "Zinc," showing that it was indicated when there was relief of the thoracic symptoms by expectoration; relief of the cystic pain by urination; in the male,

relief of the backache by seminal emission; and in the female, general amelioration from the menstrual flow.

Dr. Hawley reported a case of *rhagades* in the palms, with a dry scaly eruption, attended with itching and burning. *Zinc.* 30, twice a day for a week cured. He reported two cases of *cholera infantum*, with dilated pupils and blindness, probably from incipient effusion in the ventricles. On Hartmann's suggestion, and without special indications, he prescribed *zinc.*, which made a good cure in each case, though they seemed hopeless. But little, however, is to be learned from these last cases; because in similar cases he had since prescribed *zinc.* without similar success.

Dr. Miller remarked that these discussions on remedies were of practical utility. *Zinc.* is one of our most important remedies, yet it is generally overlooked by the profession. Since his attention was called to the sphere of this and of other neglected remedies, he found frequent occasion to prescribe them and sometimes with brilliant results.

He spoke of the importance of *phos.* in the treatment of laryngeal and of bronchial catarrh, with hoarseness or aphonia; dry cough with oppression of the upper part of the chest, and sensation of excoriation when coughing, (*causticum*).

Dr. Brewster reported a case of typhoid pneumonia cured by *phosphorus*. He said that the *phosphorus* subject was tall and slim, predisposed to pulmonary disease, and of a lively, sanguine temperament. This patient was such a subject, with dry, hacking cough and great oppression of the chest.

#### AMERICAN INSTITUTE OF HOMŒOPATHY—THIRTIETH SESSION.

THE thirtieth session and thirty-fourth anniversary of the American Institute of Homœopathy, will be held at the Kent House, Chautauqua Lake, N. Y., commencing on Tuesday, June 26th, 1877, at 10 A. M., and continuing four days. A preliminary meeting will be held on Monday evening preceding. Arrangements have been made with most of the principal railroads for greatly reduced rates, and the price of board at the Kent House will be at the rate of two dollars per day.

Members of bureaus will please place themselves in correspondence with the chairman in regard to the reports to be presented at the meeting. The following are the chairmen of bureaus:

*Materia Medica, Pharmacy and Provings*—Conrad Wesselhoeft, M.D., Boston; *Clinical Medicine*—S. Lilienthal, M.D., New York; *Gynecology*—J. C. Burgher, M.D., Pittsburgh, Pa.; *Obstetrics*—O. B. Gause, M.D., Philadelphia; *Pædology*—T. C. Duncan, M.D., Chicago, Ill.; *Surgery*—E. C. Franklin, M.D., St. Louis, Mo.; *Anatomy and Physiology*—A. R. Thomas, M.D., Philadelphia; *Psychological Medicine*—T. L. Brown, M.D., Binghamton, N. Y.; *Ophthalmology, Otology and Laryngology*—W. H. Woodyatt, M.D., Chicago, Ill.; *Microscopy*—J. D. Buck, M.D., Cincinnati, Ohio; *Sanitary Science, Climatology and Hygiene*—T. S. Verdi, M.D., Washington, D.C.

The General Secretary has every reason to believe that the meeting, in point of attendance and interest, will be equal to any previous meeting of the institute. A circular will be issued prior to the meeting, which will give all necessary information.

Physicians wishing blank applications for membership can obtain them by addressing R. J. McCLATCHEY, General Secretary, 918 North 10th street, Philadelphia.

**MARSH FEVERS.**—Lanzi, of Rome, has found in the cells of microscopic algæ, from the Roman marshes, certain dark green granules, which are most numerous when the plants are farthest gone in decomposition. At length these granules fill the cells, are black under the microscope, and the algæ omit an offensive odor. In the Campagna, marshes are formed in winter which in spring develop algæ abundantly. In the summer the water disappears, and the algæ then putrify, the ground afterwards growing phanerogamous plants. Towards the fall of the year the algæ in the parts still covered with water also die, and the slime at the bottom of the marshes contains quantities of the dark granules. The latter may also arise from other plants in the state of decay, even when there are no marshes. Lanzi regards these granules as a sort of ferments. The pigment-granules found in the liver and spleen of individuals suffering from malaria have similar properties to those ferment-granules, and they can be developed similarly.

## Obituary.

### FLETCHER HARPER.

It has been said in relation to individuals, that the world does not know its greatest men. When a few days ago the announcement was made of the death of an eminent publisher, whose name for more than half a century had been known in every nation and land throughout the world, where the English tongue was spoken and English literature read, but few beside his most intimate friends knew the real character of the man, his immense intellectual strength, and the influence he produced, not only in the world of letters, but upon the political destinies of his country. Of an exceedingly modest and retiring disposition, he was seldom seen in business hours outside of the immense establishment with which he was connected, and in the evening he might always be found, happy as a child, in the charming social atmosphere of his own home. Those only who were brought in direct business contact with him could form any idea of his energy, his almost creative power, and the grasp and strength of his far-reaching intellect. When the nation was reeling beneath the blows of civil war, and despondency and gloom was in every financial circle and mourning in every hamlet, the clear, ringing tones of hope, cheer and wisdom never faltered in that great illustrated journal, "HARPER'S WEEKLY," which every week was scattered by hundreds of thousands in every part of the land, infusing every where the hope, and courage, and strength of the great mind, who with pen and pencil, spoke through its pages.

*Harper's Weekly* was Fletcher Harper. It was the embodiment of his thought, the crystallization of his brain. Not only the policy of the journal was his, but every illustration was submitted to the careful scrutiny of his eye. It infused life and vigor into the heart of the nation in the time of its severest trial.

His mind was unusually clear upon all the great scientific questions of the day. He was essentially a man of progress, and did not hesitate at any and all times to give his earnest support to what he believed to be truth. To the writer, who frequently availed himself of his counsel, always cheerfully given, in reference to the great charities with which the homœopathic school has recently been connected, he said: "I

have seen so much of the workings of homœopathy in my own family and among my immediate friends, it has done so much for them that anything which my name and influence can do to help on this cause, which is so clearly to my mind, that of enlightened progress and scientific medicine, shall always be cheerfully and freely given."

There comes a time to all when death claims his victim, and no power of man can turn aside the shaft. That time came at last to him. For over fifty years he had suffered from an enlarged spleen, the result of severe and repeated attacks of malarial fever in early life. Two years since he suffered from a sharp attack of diphtheria, and this was followed in a few weeks by a severe hemorrhagic condition of the bladder. The discharges appeared at an interval of two or three days, and generally lasted but a few hours, when the water became again perfectly clear and natural. About six weeks before his death he was attacked with a severe congestion of the spleen. An examination of his water at this time showed pus in large quantities, and blood, but no indication of serious renal trouble. Under this complication of troubles, this breaking down of the system, during which digestion failed entirely, nothing remaining on his stomach, his strength entirely waned, until one morning just as the day was dawning, with his head pillowed upon his hand, as he was accustomed to sleep, he passed into what Seneca so beautifully calls, "the birth-day of eternity marking the entrance of the great eternal peace." Not an old man when the white-winged angel hovered over his couch, his life was fully rounded out with noble works, and he left a memory which will never die.

#### DR. THEODORE QUICK.

At a meeting of the Hom. Medical Society of the Co. of N. Y., Dr. J. Ralsey White, announced the death of Dr. Theodore Quick, and Dr. J. H. Demarest offered the following resolutions, which were unanimously adopted.

**PREAMBLE.**—The real benefactors, and the renowned in history, are too often distinct and separate characters; the pages of the tourists, the pen of the historian, the statesman, the lawyer, the divine, put forth their proudest efforts to do homage to names that are honored and remembered for brilliancy rather than the merit of their deeds. But the healing art, divine in its inception, noble and philanthropic in its objects, hon-

ored by men, and typified by divinity, however well and faithfully its duties may have been performed, has seldom secured to its votaries a conspicuous niche in the temple of fame. Ours is a profession whose noblest achievements are accomplished in silence and seclusion, and with none to witness, save the squalid victims of poverty and disease.

Death has again knocked at the door of the Homœopathic Medical Society of the County of N. Y., and announced the name of our brother, THEODORE QUICK. It is therefore not less a duty than a privilege, where one who has honored our noble profession, has finished his labors and gone to his rest, for us to pay a just tribute of respect to his name and memory.

Therefore, *Resolved*, That in the death of our friend and brother, Dr. THEODORE QUICK, our society is deprived of a faithful and valued friend, and the system of medicine which he so scientifically supported, has lost an able and popular advocate.

*Resolved*, That we tender to the bereaved family of deceased our heartfelt sympathy, and the fervent hope that their afflictions may be rendered less painful by the assurance that the memory of the deceased will be gratefully cherished by a community in which he was so highly esteemed and universally beloved.

*Resolved*, That we shall ever hold dear in our memory, our brethren of the opposite school of medicine (who reside in Harlem) for their kind and sympathetic offers of professional services both day and night during the illness of our deceased brother, and for the sympathetic tear of regret at his demise; and we fervently hope that it may be the nucleus from which a closer tie of friendship may exist in our noble profession.

*Resolved*, That a copy of these resolutions be sent to the family of our deceased brother.

DR. AUSTIN W. HOLDEN has been installed as chief of staff of the Homœopathic Hospital, W. I., and the institution continues its good work as usual. The census still ranges from 600 to 650, notwithstanding the general falling off in hospital applicants, and the present number of inmates is hardly an hundred less than cared for at "charity." The grand success of this institution will undoubtedly crowd its wards to the utmost during the coming fall and winter, and arrangements are being made to make available every inch of space, in view of this expected demand. Dr. Bukk G. Carleton, of the "house staff," has been appointed "special pathologist," and we confidently expect the most will be made of the great variety of material which this large field affords. Excellent clinical advantages will be offered to students who choose to spend their time in study at this institution, and the opportunity is second to none in our school in the world.



## Correspondence.

### LOCAL APPLICATIONS.—SUPPRESSED NEURALGIA.

BY R. R. GREGG, M. D.

To the Editors of THE TIMES.

GENTLEMEN,—I desire next to call attention to the results of suppressing neuralgia; and, under this head, more especially to the terrible consequences which may, and often do, follow, the suppression of simple toothache. Neuralgia in general, as is well known, furnishes some of the most striking illustrations of metastasis, the disease suddenly ceasing in one part, and as suddenly seizing upon another, and often remote part, and always confining itself to the *nerves*, or nervous system, no matter to what region of the body it may go. But it seems not to be known, or, at least, not generally understood, that such is equally true of suppressed toothache. And yet, here, if I mistake not, we shall find as rich a field as almost any we can enter, in the direction of our inquiries into the results of the suppression of any of the various forms of disease. Indeed, such *must* be the fact, for these cases are just as much under the *dominion of the law*, as any others I have or may present.

But, before proceeding further, allow me to say that in this, as in all the rest, I have simply followed where Nature has led. I have not drawn upon my imagination for any of the facts presented in the following cases. They are all actual results. Therefore, I humbly ask the reader to discard, for the time, all prejudices, and, in fact, all preconceived ideas, upon this subject, if he has either, until he has heard me through, then enter upon a candid and systematic course of investigation for himself, to see if what I claim is not true. Let us, indeed, approach this subject in that spirit in which Prof. Maudsley, of London, besought his class to approach all subjects in Nature, when he said to them: "In intercourse with Nature, sophistry and pretense avail nothing; sincerity and humility, and veracity of mind, are essential; we must learn patiently her laws, and learning, *obey them*, or we ourselves, our cotemporaries, or our posterity, *will suffer infallibly from their violation*."

It is in this spirit that I have, at least, *endeavored*, through many years, to pursue the results of the more or less sudden suppression of

toothache, by both mild and violent means; and given my patients warning of the great risks they run in resorting to such expedients. But, for it all, have as yet received as my reward, little else than adverse criticism, both in and out of the profession, where my views have become known. Let us hope, however, for the sake of the vast amount of suffering, and the many lives, that a speedy recognition of, and obedience to the law, may save in this, as in all other departments, where it governs, that all the would-be critics will now have the sight given them to see how little they have really understood, or known, of a subject about which they pretended to know so much; and the grace to acknowledge their error. For once let the profession rise to its true dignity, listen attentively, and earnestly investigate every fact bearing upon this important question, whether *pro*. or *con.*, and then give the world the benefit of its wisest deductions; not first ridicule and denounce, and thereby place itself in a position, where its conclusions will be tainted with the spirit of prejudice and intolerance; or by a suspicion that it is acting through fear for the welfare of the craft, instead of properly guarding the health of our fellow men.

First, then, let us consider some important general facts, bearing upon most cases of simple toothache. It is well known that the great majority of cases of neuralgia in the teeth, if allowed to go on to their full development and natural termination, without interference, end in abscesses in the gums, and discharge of purulent matter therefrom. And there can be no question that such discharges are *diseased* matter, which nature seeks to expel from the system, and in doing so, directs that it shall pass through the gums, which are not vital parts, so that no harm can come to life, by the inflammation, suppuration and break there. This diseased matter *must* be thrown off through some part or organ, to prevent worse consequences, actual poisonings, should it be retained in the blood; and if not allowed to be expelled through parts that are *not* vital, it *will* be through parts that are vital. There is no escaping this. It seems to me to be a self-evident proposition, and all my observations for over twenty years go to confirm it.

Before discovering the law of metastasis, I had met cases where the extraction of teeth was followed more or less immediately by neuralgic pains in some part of the chest, or under the

scapulæ. The most favorite part for the pain to seat upon, under such circumstances, is in the lower portion of the left lung, though it does settle upon the corresponding portion of the right lung, besides other points in the chest, and in other parts of the body, as well as under the scapulæ. I had also then seen some, and since that, many cases, where an obstinate cough, with little or no pain in the chest, followed soon after the extraction of teeth. And still further, I early found that the cure of such cough or chest pains, was often followed by a return of the pain to the teeth, and the formation of an abscess in the gums, through which the diseased matter at last found its exit from the system, and very fortunately for the patients, where it tried to at first, and where it could do no special harm. Nor is this all: Cases had then come under my observation, but many more since, where the extraction of teeth was followed by severe pains in the chest, and cough, which went steadily on to the development of consumption, that in due time, carried the sufferers to their graves. That this is not an exaggerated, or far-fetched idea, I trust the cases I shall present will show. Many of the effects named, from the suppression of neuralgia of the teeth, I repeat, had already come under my observation, in the persons of others, before my discovery of the law of metastasis, and the winter after that event, *i. e.*, the winter of 1859 and 1860, I had the following remarkable individual experience:

It was a rainy fall, and there was much sickness. I rode in the rain a great deal both night and day, took one cold upon another, which resulted in attacks of severe pain in one of the molar teeth, right side, lower jaw. At first, and for many weeks, medicine, and generally a single dose, would relieve the tooth. *Mercurius sol.* was one of the most reliable remedies for controlling the pain. It would remain subdued for a few days, perhaps a week or more, when, from continued exposure it would recur. Matters went on in this way until the January following, three or four months in all, when my system was so overcome by fatigue and exposure, that the neuralgia returned to that tooth in greater violence than before, and I now found it impossible to subdue it with medicine. The pain continued in great severity day and night, into the third night, without allowing sleep, when, feeling that I must have relief, I applied warm bread and

milk poultices to that side of the face, thinking these would sweat the parts, and relieve in a measure, at least, if not wholly; and without the danger of suppressing the disease, and driving it to my lungs. But, alas, how futile the attempt to cheat nature. After the application of the warm, not hot, poultices, for about two hours, the pain was wholly relieved, and I went to bed at about 2 A. M., immediately fell asleep, never slept sweeter in my life, and never felt better on awaking than I did that morning at 8 A. M. It seemed that I had almost been transferred to a paradise, after the three previous days of suffering. But, on rising, and putting on my vest, in the attempt to dress, I was suddenly seized with a pain under the left scapula, as violent as though pierced with a knife. From it I nearly fainted and fell upon the bed, where I had to lie several days before it was sufficiently relieved to allow me to get up at all. I had never before in my life had any pain, not even the slightest, in any part of my chest, or under either scapula. From that on, however, I was never free from pain under the left scapula, (dull and more or less uncomfortable when in my best condition, acute and severe whenever much fatigued), for nearly two years. In the spring of 1861, I removed to this city, and being an entire stranger, had little else to do but to take good care of myself, improved much in health during the summer and fall, finally getting rid of that pain entirely. But, no sooner had that fully disappeared, than I was again seized with violent pain in the same tooth that was attacked before. This time it was not interfered with, and went on ten days and nights, causing much suffering, and ended in the formation of a large abscess in the gum and cheek, which discharged a quantity of most putrid matter. And for years I did not again feel the pain under the scapula, and not at all even more recently, except under great fatigue, and then only very moderately. Can there be a doubt that, had I not so fortunately found relief from that pain, it would have developed a chronic abscess, or a tubercle in the posterior portion of my left lung? The disease did produce an acute abscess in the gum when it was allowed to continue its work there; it would have necessarily done the same in the first instance, but for its suppression; and its continuance in the lung, for a sufficient time to have overcome the stronger vitality of that more

vital organ, could have resulted in nothing less than a chronic abscess or a tubercle there.

The following summer after the commencement of my own case, I formed the acquaintance of a gentleman who had been crippled fifteen or twenty years from a permanent dislocation of the right hip joint. Upon inquiring into its cause I was given the following history of his case. He was one day taken with a severe pain in one of his teeth at about two o'clock in the afternoon. After bearing it two or three hours, he went to a dentist and had the tooth extracted. The next day, at exactly the same hour that the toothache commenced the day before, he was attacked with a most violent pain in the right hip, which prostrated him to his bed at once, where he was compelled to lie seventeen weeks in the greatest agony, except when under the influence of anodynes, could only be handled by lifting him on sheets for the whole of that time, and when he did get better, they found that the head of the femur had been drawn from its socket, and permanently bedded itself behind the acetabulum, where it has remained to the present time. Is it possible to believe that any such result could have followed had the tooth been allowed to remain and gone on with its diseased action? The worst that could have happened in that case would have been a week or ten days of probably very severe suffering, and the formation of an abscess in the gum, to have let out the diseased matter, so that it could not have disturbed any other part of his system. And how infinitely better that than what did follow. It cannot be said that the sad consequences from a transgression of the law in this case, arose because of a feeble or tainted constitution, for the patient was one of the most energetic and enduring men I ever knew, is now living at the age of nearly eighty years, is well, and apparently as able to endure as most men at sixty, except for the condition of his hip.

About that same time, too, I learned through an intelligent lady, of another case, where a young man of eighteen or nineteen years of age, who had not been well for some time, though not thought to have any serious disease about him, was attacked with toothache, and after enduring it a few days had the tooth extracted, and the next day died suddenly of disease of the brain. He had no brain symptoms before that.

The next case of marked prominence in this

connection, that came to my knowledge, occurred under my own observation in this city. In the fall of 1861, I was one day summoned in great haste to a neighboring restaurant, to attend a man who had fallen in a fit. The cause was apoplexy, and we at once removed him to his home, where I learned the following facts: That the patient had formerly been a man of very robust constitution, but having been an able and prominent lawyer, he had for years taxed his mind severely in his profession, until he broke down three years before with what several of our most prominent old school physicians diagnosed as most serious threatenings of softening of the brain; and that this had rendered him unfit for business for that whole time up to two or three months previous to this apoplectic attack. Then his mind commenced clearing up, and he improved so rapidly, that he engaged partially in business again, and soon recovered much of his former ability. At this juncture he was taken with a severe toothache. He let it run several days, until his face swelled out of all resemblance to humanity, his wife told me; then went to a dentist and had the tooth extracted. This was on a Tuesday, and on the following Thursday, at noon, forty-eight hours from the time the tooth was drawn, he fell in the fit of apoplexy while taking his lunch, and died that evening at eleven o'clock.

(To be continued.)

## Medical Items and News.

AMERICAN INSTITUTE OF HOMŒOPATHY.—Our readers will please bear in mind the forthcoming meeting of the Institute, which will occur on June 26th next, at "Lake Chautauqua," New York. It will be seen by a notice in another column, that arrangements have been perfected whereby this session may be expected to be one of the most interesting ever held, and members of the profession may combine duty with pleasure by sojourning a few days in this charming locality. The Erie Railway offers its splendid equipment, with a great variety of excursion tickets, to points of interest in every direction, at greatly reduced rates, or about one-half the usual fare, with opportunities to stop over at various points along the line. We would suggest to those who have not yet visited the State Homœopathic Asylum for the Insane, at Middletown, N. Y., that this would be an excellent opportunity for them to do so, and thus inform Dr. S. H. Talcott, Med. Supt., by letter or telegraph, and a cordial

reception will be accorded by this gentleman. Watkin's Glen, Niagara Falls, and other points of interest may also be visited. Fare for the round trip only \$12, or \$13 *via* Niagara Falls. By taking the train leaving New York at 10.15 A.M., Middletown may be reached at 2.20 P.M.; and after a stay of several hours, the night express may be taken at this point at 10 P.M., and by engaging sleeping berths before leaving New York, a comfortable night be passed, and the destination reached the next day about noon. Through trains leave New York, (Chambers st.) 9 A.M.; 23d street, 8.45 A.M.; Chambers street, 7 P.M.; 23d st., 6.45 P.M. Pullman hotel, dining and sleeping coaches through without change. The following are some of the excursions announced: New York to Jamestown, thence to Niagara Falls, Montreal, Plattsburg, Lake Champlain, Saratoga, Albany to New York, \$33.25. Same, including Lake George, \$36.50. New York to Jamestown, to Niagara Falls, Montreal, through White Mountains to Portland, Boston and New York, \$57.25. New York to Jamestown, Niagara Falls, Montreal, White Mountains, returning *via* Burlington, Lake Champlain, Saratoga and Albany to New York, \$62.75. Tickets may be obtained at 401 and 957 Broadway, cor. 23d street, and at 187 West street, the general ticket office.

**HAHNEMANN Hospital**, Park avenue and 67th and 68th streets, will not be open for use until the fall, and as the lease of the 54th street premises expired May 1st, the institution was closed until the new building is ready for occupancy. The administrative building will accommodate from 60 to 100 beds, and the wings to be added upon the side streets will increase the number to nearly 300. When this institution is finished, it will not only be an ornament architecturally to this part of the city, but fill a great want in the care of the sick and add materially to the clinical facilities of our school.

THE undersigned, a homœopathic physician of nearly twenty-five years of successful city practice, finds himself reluctantly compelled, in consequence of a severe casualty, to retire from the active duties of his profession. He therefore offers for sale his house and lot, situated in the centre of one of the richest wards in the City of Brooklyn, E. D., together with whatever advantages a professional name and influence may give it, for the simple value of the real estate.—Wm. Wright, M. D., 96 Fifth street, Brooklyn, (E. D.), N. Y.

#### TO EXCHANGE, PRACTICE AND PROPERTY.

A practicing physician, with house and lots valued at \$10,000, in a city of 125,000 inhabitants; distance of residence from New York city, 25 minutes; wishes to exchange with another physician owning the property where he resides and practices. Address, "Physician," care Jas. Cooper, 5 West 23d st., Fifth Ave. Hotel.

**HOT SPRINGS OF ARKANSAS.**—These springs are every year growing in popularity. The fact that the thoroughly educated, scientific and successful homœopathic physicians, Drs. J. B. Brooks and L. S. Ordway are located there, enables patients through their advice, not only to use the waters intelligently, but to avail themselves of such other remedies as they may need.

THE Illinois State Society held its twenty-third annual meeting at Peoria on May 16th, and many interesting and valuable papers were presented. The following officers were elected: Dr. J. A. Vincent, President; Drs. Danforth, Eaton and Vilas, Vice Presidents; Dr. T. C. Duncan, Secretary; Dr. Beebe, Treasurer.

**MARRIED.**—On Tuesday, March 27, by Rev. J. Stanford Holme, D.D., assisted by Rev. Frederick G. Clark, D.D., Lester Keep, A.M., M.D., of Brooklyn, and Miss Caroline J. Yeomans, M.D., of New York. (Accept congratulations and best wishes).

**REMOVALS.**—Dr. John Butler to 32 W. 24th st.; Dr. W. I. Wellman, to 27 W. 31st st.; Mrs. E. F. Mayerink, M.D., to 201 W. 38th st.; Dr. Thomas Wildes, to 35 W. 23d street; Dr. H. I. Ostrom, to 29 East 32d street.

A MOST ingenious, reliable and simple *Sphygmograph* has been invented by E. A. Pond, M.D., of Rutland, Vt., and can be furnished for the low price of \$35. Particulars may be learned by addressing as above.

**TEST OF DEATH.**—So long as there remains the least flicker of life the muscles contract under electric action. When under this stimulus there is no contraction, life is extinct.

DR. H. R. STILES has just completed a course of lectures on "Insanity," at the Women's Medical College, to the great satisfaction of those who heard them.

DR. STILES is also prepared to act as *Examiner in Lunacy*; to give expert testimony in medico-legal cases of insanity, and to advise with physicians and friends of patients abroad, as well as in the city, regarding asylums, the details of commitment, etc., etc.

A VERY successful "Coffee Party," in aid of Hahnemann hospital, was recently given in this city, adding several thousand dollars to the treasury of this institution.

DR. WALTER M. DAKE has located at Jackson, Tennessee. He is the second son of Dr. J. P. Dake, of Nashville, and a chip of the old block.

PROF. R. LUDLAM's work on the Diseases of Women, has reached its third edition, and is now translated into the French.

DR. E. J. WHITNEY may be consulted on diseases of the throat at his office, 32 W. 24th st.

DR. W. HANFORD WHITE is spending a few months in Europe.